

# FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial\*** Statement of Organization  
☒ This is an **amended\*** Statement of Organization

\* An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM  
DR-1

(Rev. 02/96)

STATEMENT  
OF  
ORGANIZATION

## For Office Use Only

Comm. # 9640  
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Computer \_\_\_\_\_

### COMMITTEE NAME (Required by law)

Winnebago (County) Republican Women

### IMPORTANT: Indicate type of committee you are reporting for:

( 1 )Statewide/Legislative Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County/Local Candidate ( 5 )County PAC ( 6 )Ballot Issue/Franchise Committee ( 7 )County/City Central Committee ( 8 )Support slate of candidates (list candidates under purpose of committee)

### COMMITTEE TREASURER (This address used for all reminders (Required by law) and correspondence)

Name Julia Burnham  
 Mailing Address 204 North 6th Street  
 City, State Zip Code Forest City, IA 50436  
 Home Phone ( 641 ) 585 5260  
 Day Phone ( ) \_\_\_\_\_

### COMMITTEE CHAIR (List additional officers on separate page)

Name Juli Kvale  
 Mailing Address 607 South Winnebago  
 City, State Zip Code Lake Mills, IA 50450  
 Home Phone ( 641 ) 592 1403  
 Day Phone ( ) \_\_\_\_\_

### PACs: INDICATE PURPOSE OF COMMITTEE

#### All Candidates Enter:

Office Sought: \_\_\_\_\_ District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_ Year Standing for Election: \_\_\_\_\_

#### County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: \_\_\_\_\_ Date of Election: \_\_\_\_\_

#### Bank Account Name

Winnebago Republican Women

#### Name of Financial Institution/Type of Account

Titonka Savings Bank

#### Mailing Address

101 Hwy 69 North

City State Zip

Forest City, IA 50436

#### Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

#### Mailing Address

City State Zip

Home Phone ( ) \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

### DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) \_\_\_\_\_

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

### STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Date Signed

Signature of Candidate or Chairperson (if a PAC)

Date Signed